

Making the Transition to Permanent Housing

curriculum

supportive housing training series



CORPORATION for SUPPORTIVE HOUSING



CUCS
Center for Urban Community Services, Inc.

Making the Transition to Permanent Housing

Curriculum

Developed by Center for Urban Community Services

The work that provided the basis for this publication was supported by funding under an award with the U.S. Department of Housing and Urban Development to the Corporation for Supportive Housing. The substance and findings of the work are dedicated to the public. The author and publisher are solely responsible for the accuracy of statements and interpretations. Such interpretations do not necessarily reflect the views of the Government.

Making the Transition to Permanent Housing is part of the Supportive Housing Training Series. This training series currently includes eleven curricula providing best practices and guidance on supportive housing development, operation and services.

The full series is available for downloading from the Department of Housing and Urban Development website.

For more information:

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HUD CURRICULUM

MAKING THE TRANSITION TO PERMANENT HOUSING

PURPOSE AND GOALS: This six-hour training is for staff assisting residents of transitional housing to prepare, move into and maintain permanent supportive housing. At the end of this training, participants will be better able to conduct a thorough assessment of residents for housing placement, match residents to appropriate housing, develop housing plans, prepare residents for the transition as well as identify and address obstacles for the individual to access housing.

AGENDA

- I. INTRODUCTION** (30 minutes)
- II. UNDERSTANDING THE IMPACT OF HOMELESSNESS** (20–30 minutes)
- III. PROGRAM DESIGN CONSIDERATIONS** (10 minutes)
 - A. Program Goals (20–30 minutes)
 - B. Populations Served (10 minutes)
 - C. Expectations for Residents (15 minutes)
 - D. Linking with Services in the Local Continuum of Care (10 minutes)
 - E. Creating a Culture of Transition (20–35 minutes)
- IV. ASSISTING RESIDENTS IN THE TRANSITION PROCESS**
 - A. Assessing Areas for Housing Placement (20–35 minutes)
 - B. Building Skills Needed for Maintaining Housing (15 minutes)
 - C. Developing an Individualized Housing Plan
 - 1. Goal Setting (15 minutes)
 - 2. The Negotiation Process (25–35 minutes)
 - D. Housing Referral
 - 1. Housing Options (15 minutes)
 - 2. Interview Preparation (25–35 minutes)
 - E. Managing Feelings about the Move (20–35 minutes)
- V. ADDRESSING OBSTACLES TO PERMANENT PLACEMENT**
 - A. Identifying Obstacles (15 minutes)
 - B. Strategies for Overcoming Obstacles (15–25 minutes)
 - C. Case Examples (25–35 minutes)
- VI. CONCLUSION** (10–20 minutes)

HANDOUTS

1. Agenda
2. Homelessness Case Examples
3. Understanding the Impact of Homelessness
4. Adjustments in the Move to Permanent Housing
5. Tasks Relating to Accessing Housing
6. Service Planning Considerations
7. Services Planning Worksheet for Goals
8. Services Planning Worksheet for Populations Served
9. Creating a Culture of Transition: Case Example
10. Creating a Culture of Transition
11. Areas of Assessment for Housing
12. Housing Preference Questions
13. Housing Skills and Support Checklist
14. Goals Setting Worksheet
15. The Process of Goal Setting
16. Characteristics of the Housing Negotiation Process
17. Interview Questions
18. Obstacles in the Transition to Permanent Housing
19. Transitions Case Studies
20. Additional Readings

TRAINER'S PREFACE

I. Brief Summary of Curriculum Content

The curriculum contains at least six hours of verbal content. This does not mean the entire content must be covered. Depending on the intended focus of the training and the format (exercises and small group discussions vs. large group presentation), portions of this training can be elaborated, abridged and/or deleted.

II. Trainer Qualification

Key to the successful delivery of the curriculum and to participants learning is the qualifications of the trainer. What the trainer brings to the training session — including their knowledge about the subject being taught, their experience in supportive housing and their training or teaching skills — will impact the quality of the training and the outcomes. This curriculum is intended for use by individuals with the appropriate constellation of talent and ability to manage the learning of others in addressing the issues that emerge in the transition from homelessness to permanent housing.

III. Good Training Practice

A. How People Learn

People learn through a combination of lecture, visual aids and participation. The more actively they are involved in the process, the more information they will retain. For this reason, eliciting answers from the group rather than presenting material is usually preferable. Additionally, it is important to include exercises that stimulate interaction and experiential learning and not spend all of the time lecturing. Be aware, however, that group participation and discussion takes more time than straightforward presentations and may cut down on the amount of content possible to cover. What is minimized or deleted from the curriculum should be based on the assessment of the group's learning needs and the goals initially contracted with the group.

B. Know Your Audience

The type of setting that the trainees work in and their roles will determine the areas of the curriculum that the trainer will focus on. Gathering as much information about the group beforehand is recommended. In order to create a safe and effective learning environment, it is recommended that the maximum number of participants not exceed thirty people.

C. Introductions and the Training Contract

Introductions should provide the trainer with more information as to who is the audience. The trainer will want to know the person's name, their program

and their role, and what they hope to get out of the training. The trainer should then clarify what will and will not be covered. This is the training contract.

D. Acknowledge and Use Expertise of the Participants

This is important as it allows people to learn from each other, builds group cohesion, keeps people involved and establishes an atmosphere of mutual respect.

E. Flexibility

Throughout the training, the trainer should continually assess the needs of the group and revise the amount of time devoted to each specific topic. Responding to the needs and interests of the group must be balanced with the agreement to cover certain topics. It is the trainer's job to respond to the needs that arise and yet stay focused on the subject matter.

IV. Training Content

A. Sequence of Content

Depending on the area of practice of your audience (for example, assisting persons living with HIV Disease, dual diagnosis or serious mental illness) the trainer may want to begin the training with that area and/or be sure not to shorten or cut out these specialty areas. Additionally, the trainer will go more in depth about clinical issues with an audience, including new social service staff and less so with building management. With a mixed group, the trainer needs to find a middle ground on this issue.

B. Flexibility of Content

The focus of this training can be altered depending upon the needs and experiences of the majority of trainees. Oftentimes, there are significant gaps in resources and services available to meet the needs of transitional program staff and their residents. If trainees are from the same region, it can be beneficial to allow time for a sharing of resources, particularly housing options.

The staff roles of the different training participants will determine which areas are covered in depth. It is particularly important to cover all areas under "Program Design Considerations" if management staff are present at the training. The clinical skills addressed in "Assisting Residents in the Transition Process" are crucial to cover with direct line staff. "Addressing Obstacles to Permanent Placement" will be beneficial to all levels of staff, but this can be shortened depending on the participants level of knowledge and experience.

If time is limited, some information that is provided on handouts can be referred to but not discussed in the training.

C. Personalizing Content

In order to personalize the training, it is important for the trainer to offer case examples or anecdotes regarding the topic. This can also be achieved by eliciting personal stories from trainees. Using these relevant stories will make the training more interesting and personal.

D. Matching Content to a Target Audience

This training is targeted to social service staff working in transitional housing programs. Staff working in permanent housing programs will find the information in this training useful as well.

V. Time Management of Content

Each section of the agenda has time frames allotted. Whenever possible, it is suggested that there be a 10-minute break every hour and a half. Of course, for an all day training there would be a lunch break for between forty-five minutes to one hour. The trainer should be aware that if a great deal of time is devoted to one topic area, other content areas might be sacrificed. Group exercises can always be abridged, if necessary, for time's sake. For example, if the group exercise involves dividing into four groups to work on four separate cases, the trainer may consider having each group work on a smaller number of cases. This will shorten the report back time, but will not eliminate the group process. Elicitation and discussion takes more time than lecturing but less time than small group exercises. The trainer needs to balance this with the fact that lecturing is also the least effective way to learn.

The trainer will find that each time this curriculum is trained, it will vary. Being mindful of good training practice and making adjustments to the timing and sequence will allow for a tailored training that will be most beneficial to participants.

I. INTRODUCTION (30 minutes)

TRAINER NOTE: This section should include an introduction of the trainer, a review of training incidentals (hours, breaks, coffee, bathroom locations), a brief overview of the training goals and objectives. This is followed by a roundtable introduction of trainees and any areas related to tenants' special needs that they hope will be addressed.

TRAINER STATES: This training is designed to explore the factors that influence the transition into permanent housing.

The goal of this training is for the providers of transitional housing programs to better prepare their residents to succeed in securing and maintaining permanent housing. At the end of this training, participants will be better able to:

- Understand the impact of homelessness on permanent housing placement
- Understand the impact of transitional program design choices
- Identify transitional program goals
- Conduct an assessment of residents for housing placement purposes
- Assist residents in building and practicing skills needed for maintaining housing
- Develop an individualized housing plan for residents
- Match residents to appropriate housing
- Prepare residents for the housing interview
- Assist residents in managing feelings about moving
- Identify and address obstacles for the individual to access housing

TRAINEE NOTE: Trainer will introduce him/herself to trainees, including experience in supportive housing. Trainees are asked to introduce themselves by stating their name, agency, staff role and what they hope to get out of the training. Trainer will link these goals as s/he reviews agenda. If someone mentions something in the go round that is not on the agenda but related, see if it can be tied in at an appropriate point in the training. Similarly, if the group is interested in exploring certain topic areas more in-depth, the trainer may decide to shift some topic content. See **HANDOUT #1: AGENDA.**

LEARNING POINTS: It is important to discuss what will and will not be covered during this introduction so that trainees know what to expect — this is the learning contract.

II: UNDERSTANDING THE IMPACT OF HOMELESSNESS (20–30 minutes)

TRAINER STATES: Homelessness involves more than just the loss of a home. Most people living in transitional housing settings have experienced significant and profound losses in their lives. In order to effectively engage and support persons with a history of homelessness, we must attempt to understand the impact of homelessness on lives.

TRAINER NOTE: Trainer divides participants into groups of four. Each group is given one case example and asked to come up with the losses this person has experienced and how this will impact on his/her moving to permanent housing. We are not, at this point, asking how workers would intervene with these problems — only to identify them. See **HANDOUT #2: HOMELESSNESS: CASE EXAMPLES** and **HANDOUT #3: UNDERSTANDING THE IMPACT OF HOMELESSNESS**.

HOMELESSNESS CASES

- WHAT WERE THE LOSSES THESE INDIVIDUALS EXPERIENCED AS A RESULT OF BECOMING HOMELESS?
- WHAT IMPACT MIGHT THESE EXPERIENCES HAVE ON THEIR TRANSITION INTO PERMANENT HOUSING?

CASE STUDY 1: MARGARET

Margaret, a 40-year-old woman, was referred to the transitional program from the shelter where she had resided for six years. Margaret wears many layers of clothing, seldom eats and will not travel beyond one block of the residence. She has no identification and cannot contact any family member, as she is unaware of their whereabouts. Margaret revealed to her worker that when she was younger she was employed as a receptionist and lived in another state with her three daughters. Unable to find work, she wandered through the streets begging people for food that she would take home to feed her children. She reported that one day she came home to find her apartment boarded up, her belongings on the street and her children gone. After that, Margaret moved from state to state “trying to find work and my children,” always refusing to accept assistance. She often says to her worker, “I do not need your help. What kind of a woman would I be if I can’t even take care of my own babies?”

TRAINER’S KEY: The losses Margaret has experienced in her life as the result of being homeless include:

- Loss of Family

- Loss of Employment, Routine, Role — Her job and further attempts at obtaining work
- Loss of Pride — Expression associated with not being able to care for her children
- Loss of Esteem — She may not feel she deserves better (i.e., does not want to eat, refuses help)
- Loss of Security — She has lost the sense of safety and secure she had when in her own home
- Loss of Possessions — She lost the majority of items she owned and could only travel with items she was able to carry along the way

Margaret's experiences may effect her transition to permanent housing in the following ways:

- Margaret's goals may be more related to reuniting with her children than securing permanent housing for herself.
- Margaret will probably have a difficult time trusting others as she lost her home in what appeared to be a sudden manner, could not find work and is refusing help.
- Margaret behaves in ways that suggest she feels undeserving of a better way of life (i.e., depriving herself of food and refusing help). This may interfere with progress toward obtaining permanent housing.
- Margaret may be afraid to leave the transitional residence, due in part to her traumatic experience when she left her home only to return and find it boarded up.

CASE STUDY 2: JUAN

Juan is a 55-year-male who was referred to the transitional program by street outreach workers who found him living in a cardboard box under a bridge. Juan was a successful entrepreneur, until he had a psychotic episode at the age of 45 and lost his business. He, his wife and two children moved in with his eldest sister, and despite several efforts, Juan could not find employment. Whenever he had an interview, he was unable to get up in time. He was hospitalized on several occasions, prescribed medication and released to his sister's home. After his family refused to take him back, Juan became homeless and lived under the bridge for years. He accumulated many random items, waited until nightfall to enter garbage dumpsters for food and was afraid to talk to people. Now, though he is living at the transitional residence, he spends his days

keeping to himself, collecting items from the street and looking for his sister. He remains non-compliant with medication.

TRAINER'S KEY: The losses Juan has experienced in his life due to homelessness include:

- Loss of Family — He lost his wife & children and his sister
- Loss of Employment, role as businessman
- Loss of Routine — He had a family and ran a successful business until the age of 45
- Loss of Support Network — He lost all the connections he had related to work and family
- Loss of Control of his life
- Loss of Connection — He has been afraid to talk to people

Juan's experiences may affect his transition to permanent housing in the following ways:

- Appears motivated to find his sister, which may impede his ability to explore housing options. Although not indicated, he may seek to become united with his wife and children.
- Juan may have untreated depression, which will affect his ability to sustain a housing search.
- He is not compliant with medication.
- Juan is a "hoarder" and may be unwilling to part with items he has collected. Many homeless people develop behaviors that may be adaptive to the homeless experience but problematic in housing.
- Juan isolates, and staff may have a difficult time engaging him. He may have a difficult time advocating for himself during a housing interview.
- Juan's issues related to abandonment may make it difficult for him to accept new networks of support.

CASE STUDY 3: MARK

Mark is a 30-year-old male who was placed in a foster home at the age of nine because of physical abuse and neglect. In his teens, he was moved to a group home, where he became involved in many physical conflicts with his peers. Mark was treated for this aggressive behavior with a mood stabilizer. At the age of 22, he moved to a permanent supportive residence where he received additional support and therapy to deal with his anger, and he prospered. He was a volunteer, a leader amongst his peers, and an active member of the tenant's association. After hearing that the residence would be undergoing renovations and tenants would relocate to other rooms, Mark became more

frustrated and verbally lashed out at his service providers. He eventually left the facility, rendering him homeless. The shelter where he stayed referred him to a transitional program. The staff quickly realized that he was drinking and doing drugs. When confronted about this, he told the workers that the only true friends he had were the people he got high with. He stated that the people in the residence, “especially the ones with so-called degrees,” had ruined his life.

TRAINER’S KEY: Mark has experienced many losses as the result of placement in foster and group homes, as well as his recent bout of homelessness, which include:

- Loss of Family — He has lost his immediate family and caregivers throughout his life
- Loss of Security — He was in foster care and lost his housing
- Loss of Esteem, Identity & Pride — He gained a positive self-identity, which was probably damaged upon homelessness
- Loss of Routine — As a participant in many activities, his routine was interrupted
- Loss of Possessions — He experienced this when separated from his family, the foster home and as the result of a recent bout of homelessness

Marks experiences may affect his transition to permanent housing in the following ways:

- Mark’s inability to manage his anger will interfere with housing placement and maintenance of housing.
- Mark’s alcohol and drug-related activity will need to be addressed prior to placement into permanent housing, and potentially ongoing.
- Mark’s trauma may make it difficult for him to respond to change in a less reactionary manner. He may have difficulty making progressive steps towards housing out of fear, anxiety and stress involved in making the transition.
- Mark does not appear to trust easily, especially authority figures, which may require slowing down the entire housing process.
- Mark might be afraid to try to secure housing because this could result in another loss.

CASE STUDY 4: MARY

Mary is a 52-year-old female who was referred to a transitional housing program after living in a domestic violence shelter for one month. She states that although she feels safer in relation to her husband, she often thinks of how much her life has changed. She does not feel that she can contact her family or return to her job, as her husband may then find her. Due to her religious belief that a wife should never leave her husband, she never shared her situation with those who were close to her, and she often believes that the abuse was somehow her fault. Mary often appears disoriented and sometimes says she feels like she is “living in a dream.” When she focuses on her current living situation, she gets depressed. She attempts to purchase new items for herself but usually doesn’t complete the task. Most often, she just wants to stay inside.

TRAINER’S KEY: Mary has had many losses as the result of having been referred to a domestic violence shelter, which includes:

- Loss of Family — She has been unable to contact family members
- Loss of Self-Esteem & Identity — She may feel ashamed (i.e., believing the abuse was her fault), and worthless (i.e., unable to purchase items for herself)
- Loss of Routine — She has lost the routine of being with her family and maintaining employment
- Loss of Connection to Others — She is isolating
- Loss of Privacy — She has been forced to forgo the privacy of her own home
- Loss of Control of Her Life — Although she may be gaining control over her life in the long run, she may feel at this time that her life is out of control

Mary’s experiences may have an effect on her transition to permanent housing in the following ways:

- Mary may need a great deal of support continuing to believe the transition is positive, as she may be more comfortable with what is familiar to her, especially if she blames herself for her experience.
- While motivated toward housing, she may be extremely fearful of any type of movement as the result of the abuse she endured.
- Mary may become overwhelmed and exhausted, trying to develop new routines, rituals and perhaps friends, which may make her feel anxious and under stress.

- Mary's inability to travel safely and independently will effect housing options.
- Mary's depression may contribute to immobility toward housing-placement goals.

TRAINER STATES: In addition, the experience of a person who was formerly homeless may effect the transition to permanent housing in the following ways:

- Some may be elated at the prospect of securing housing, while others might feel like they've waited so long and been through so much they are not willing to "settle" for just any housing (realistic or not).
- Many persons with mental illness may have been stigmatized and victimized, making engagement more difficult.

Because some residents have these experiences, it may impact their ability to secure and maintain housing. It is crucial that our program staff reach out and get to know people in order to successfully match them to housing. Without considering some of these aspects in matching the resident to the appropriate type of housing, we can unknowingly set up the person for a potential setback. It is our job to assess each person's strengths and areas that require skill-building or ongoing assistance, so that we can assure they are adequately prepared to SUCCEED in their housing this time. Today, we will be looking at the specifics of program design and what services we offer to do this.

TRAINER ELICITS: WHAT MIGHT HAPPEN TO A RESIDENT IF WE WERE TO REFER THEM DIRECTLY FROM THE STREETS OR A SHELTER OR INTO HOUSING WITHOUT ACTIVELY WORKING TO PREPARE THEM? [Expected responses include:]

- Some would succeed and maintain the housing
- Some would lose the housing for the same reasons they've lost it in the past [i.e. inability to pay rent, inability to get along with neighbors, inability to meet various obligations of tenancy, substance use, decompensation, non-compliance with treatment.]

TRAINER NOTE: See ***HANDOUT #4: ADJUSTMENTS IN THE MOVE TO PERMANENT HOUSING.***

TRAINER ELICITS: WHAT ARE SOME OF THE CHANGES OR ADJUSTMENTS PEOPLE WILL DEAL WITH IN MAKING THE MOVE FROM TRANSITIONAL TO PERMANENT HOUSING? [Expected responses include:]

- Rent must be paid on time every month, which requires adjusting to a new budget
- The neighborhood and all its amenities are new and unknown
- Residents may be expected to live more independently and may have to develop or re-learn ADL skills
- Neighbors may have special needs that some residents are unfamiliar with
- Residents will be expected to follow house rules and comply with all lease regulations
- Socialization opportunities may change
- A new code of conduct may be expected

TRAINER NOTE: See ***HANDOUT #5: TASKS RELATED TO HOUSING PLACEMENT*** and mention that these are the tasks and steps we will be talking about during this training.

LEARNING POINTS: The impact of being homeless can not be underestimated if supportive housing providers are to understand and meet the service needs of the people they house. Most of the people we're working with have suffered significant losses and experienced failures in maintaining their housing. In order to ensure they do not experience another housing loss, programs should prepare people to succeed.

III. PROGRAM DESIGN CONSIDERATIONS (10 minutes)

TRAINER NOTE: This section is a brief introduction to what one might consider when designing a program. See ***HANDOUT #6: TRANSITIONAL PROGRAMS: SERVICE PLANNING CONSIDERATIONS***.

BRIEF LECTURE: Each transitional program is going to be different. Many factors contribute to a program's distinct culture, including the residents, the staff and the location of the program. The most significant factor, though, is the actual program design. How a program is designed lays the foundation for service delivery and meeting the needs of residents. The design will have a profound impact on the success in placement of residents into permanent housing. We will be considering a variety of factors in this section including:

- Program Goals
- Expectations for Residents
- Population Served
- Linking with Services in the Local Continuum of Care
- Creating a Culture of Transition

These areas should be clarified if your program is to operate efficiently. Program Design is not a linear process. Decisions made in one area affect other areas. Program design evolves over time and is a continuous process. There are additional considerations listed on your handout.

LEARNING POINT: Trainees will have an understanding of the various considerations in program design to be covered in this section. Program development will be understood to be a process where decisions in one area impact the other areas.

III.A: PROGRAM GOALS (20–30 minutes)

TRAINER NOTE: See ***HANDOUT #7: PROJECT GOALS AND CONDITIONS OF RESIDENCY.***

TRAINER ELICITS: WHY ARE CLEAR PROGRAM GOALS IMPORTANT IN TRANSITIONAL HOUSING PROGRAMS? [Expected responses include:]

- They provide a foundation and focus for the work and drive all aspects of program design.
- They allow all staff to focus on the same goals for residents.
- Without clear goals, a program cannot be evaluated and staff will not know whether or not their services are effective.
- Unclear goals are often at the root of staff disagreements. If goals have not been explicitly discussed, there is a risk of misinterpretation or incorrect assumptions about the purpose of services.
- The process of setting goals allows staff to articulate and give consideration to how they will meet the needs of people in transition.

TRAINER EXERCISE NOTE: Instructions: Trainer divides participants into groups of four or five. Each group is instructed to come up with a list of the goals for a transitional program. Expected responses include those listed below.

- Help prepare residents to transition into permanent housing
- Assist residents in obtaining and maintaining safe, affordable permanent housing
- Assist residents in identifying and overcoming barriers to permanent housing
- Provide residents with support during the transition to permanent housing
- Assist residents in developing skills required to meet obligations of tenancy
- Improve residents' ADL skills
- Improve health
- Reduce symptoms of mental illness
- Begin/maintain recovery from substance abuse
- Promote appropriate use of community-based services
- Increase residents' income

LEARNING POINTS: Program goals provide a focus for the work and unify staff as a community in the efforts to attain them.

III.B: POPULATIONS SERVED (10 minutes)

TRAINER NOTE: See ***HANDOUT #8: POPULATIONS WORKSHEET.***

TRAINER STATES: Most programs offer services to a wide spectrum of people with a variety of special needs. Some programs are designed to provide services to a target population. It is important for a program to understand who the residents are and where they are coming from.

TRAINER ELICITS: WHAT ARE SOME OF THE POPULATIONS OR SPECIAL NEEDS THAT YOU CAN SERVE IN TRANSITIONAL HOUSING? [Expected responses include:]

- Homeless people
- People at risk of becoming homeless
- People with HIV/AIDS
- People with psychiatric disabilities
- People addicted to substances
- People who are dually diagnosed
- People with multi-diagnoses
- People with criminal justice histories
- Veterans
- People living with Mental Retardation or Developmental Disabilities
- Undocumented persons
- Illegal aliens
- Transgendered people
- Non-English speaking people
- Victims of domestic violence
- Youth “aging out” of foster care
- Participants in “welfare to work” initiatives
- People who are hospitalized
- People in correction facilities
- Anyone committed to obtaining housing
- People willing to comply with program requirements

BRIEF LECTURE: Each group brings a cultural component that programs can use effectively. Cultural competency is necessary for a program to meet the needs of the residents.

Residents with mental illness, for example, may have been hospitalized against their will and may fear social workers, making engagement more difficult. Residents with a history of substance abuse may need additional support to maintain sobriety during this transition. Others with a trauma history may have difficulty expressing emotions, trusting people, socializing or present as very needy.

TRAINER ELICITS: WHO IS THE POPULATION YOU SERVE OR WILL SERVE? WHAT ARE THEIR SERVICE NEEDS? (Process Answers: If trainees begin to discuss obstacles in placement for certain populations, remind them that obstacles and strategies will be covered later in the training.)

TRAINER NOTE: Responses to the last questions may result in a discussion of the difficulty of accessing housing for certain groups, such as active substance users or young adults. If time allows, participants may be able to provide one another with resources for overcoming these barriers.

LEARNING POINTS: It is important to be aware of the different service needs and “cultures” of the populations we may serve.

III.C: EXPECTATIONS FOR RESIDENTS (15 minutes)

TRAINER NOTE: Trainees stay in same groups they were in for previous exercise and answer the following questions:

TRAINER ELICITS: MOST PROGRAMS HAVE EXPECTATIONS OR REQUIREMENTS THAT RESIDENTS WILL MEET IN ORDER TO BE REFERRED TO PERMANENT HOUSING. WHAT MIGHT SOME OF THESE EXPECTATIONS BE? [Expected responses include:]

- Residents will participate in a certain number of transition groups per week
- Residents will meet with their primary case manager a certain number of times per week
- Residents will participate in developing housing goals with worker
- Residents will save a certain amount of money
- Residents will be required to participate in program under certain circumstances
- Residents will secure entitlements
- Residents will move within X months
- Residents will not use illegal drugs (use on-site may result in dismissal)
- Residents will participate in recovery services if actively abusing substances
- Residents with a psychiatric diagnosis will participate in psychiatric services

BRIEF LECTURE: The conditions we discussed all have a philosophical underpinning upon which they are built. It is helpful to discuss this philosophical approach to the work to avoid misunderstandings for both staff and program residents. Most successful transitional programs individualize services according to residents' preferences and needs. For example, if a resident is a loner, he would not be expected to participate in groups unless the groups are necessary for him to meet his identified goals.

The program conditions help establish boundaries for residents. These boundaries can ensure a sense of safety and consistency during a resident's time at a transitional program.

LEARNING POINT: The importance of considering the conditions of residency is paramount to successful outcome. Residents should have a clear understanding of what is expected of them in the transition process.

III.D: LINKAGES WITH SERVICES IN THE LOCAL CONTINUUM OF CARE (10 minutes)**BRIEF LECTURE:**

In order to help your residents access permanent housing, it is important that you know the available services and resources in the community where the person may live. Few housing programs can meet the total and far-reaching range of residents' needs without developing linkages to services outside the residence. A population of tenants with different needs will mean there must be a wide array of services and resources, and obviously, the success of a transitional program depends upon its ability to move residents into permanent housing.

The Federal government has developed a comprehensive, coordinated and flexible approach to assist in the development of affordable housing and services. Through the Department of Housing and Urban Development's (HUD) Consolidated Plan Process, state and local officials can identify and prioritize needs and resources and make plans to fund the development of such resources. This approach has given states and communities a framework and resources to address the complex needs of homeless people, and allows funding to be targeted to meet area needs such as the development of new housing and service options. If you would like to become more familiar with the Continuum of Care planning process in your area, call your local HUD office.

TRAINER ELICITS: WHAT ARE SOME OF THE SERVICES AND RESOURCES YOU WANT TO FIND OUT ABOUT IN YOUR AREA AND THE AREA WHERE YOU ARE HELPING PEOPLE TO ACCESS PERMANENT HOUSING? [Expected responses include:]

- Housing options
- Levels of supports
- Acceptance criteria for each
- Psychiatric clinics and hospitals
- Day programs, support groups, advocacy groups
- Medical facilities
- Substance abuse programs, detox centers, groups such as AA and NA
- Benefit offices (social security, public assistance)
- Legal services
- Child care
- Vocational services

TRAINER ELICITS: HOW CAN YOU FIND OUT ABOUT SUCH SERVICES? [Expected responses include:]

- Word of mouth (from residents, staff and other services agencies)
- Resource directories
- Internet
- Government offices

LEARNING POINT: Collateral supports are imperative in both transitional housing and upon moving residents into permanent housing.

III.E: CREATING A CULTURE OF TRANSITION (20–35 minutes)

BRIEF LECTURE:

Successful transitional programs report that they strive to create a culture that supports movement into permanent housing. The paradox of an effective program is that its greatest strength, that of creating a warm, engaging environment where residents feel respected and safe, can also be its downfall. Residents may not want to leave. Programs must focus on helping residents transition while recognizing residents must first experience a sense that safe, secure housing is possible. As such, creating a culture that supports and reinforces transition is critical. All norms, rituals, rules and values would enforce this kind of culture.

TRAINER NOTE: Ask trainees to read the case on creating a culture of transition. See **HANDOUT #9: CREATING A CULTURE OF TRANSITION CASE** and answer the question: "In what way has the program not created a 'culture of transition'?"

CREATING A CULTURE OF TRANSITION CASE

Review the following scenario of a person residing in a transitional housing program. In what ways do you believe the program has not created a "culture of transition"?

Ralph was referred to a transitional program by the shelter where he resided. At the time of intake, Ralph was asked about his psychiatric, medical, housing, substance use and judicial history. Staff members also described the structure of the program, services the program offered and included the philosophy of the program, which was consumer driven. Great lengths were taken to describe additional improvements staff has made to ensure that residents are comfortable, such as aesthetic alterations, laundry amenities and additional recreational activities. Ralph was asked if he had any questions, comments or suggestions, to which he replied no. Staff was pleased to learn that Ralph would be closer to his family and friends if accepted into their program.

Ralph was accepted into the program and upon his arrival, staff members provided an orientation that included some basic house rules. Ralph was informed that he needed to meet with the on-site psychiatrist, that ongoing meetings with his case manager were necessary and that he was required to participate in therapeutic groups. Lastly, he was informed of the medication schedule, hours meals were served and the curfew. Ralph was escorted to his double occupancy room and was delighted to find that he did not have a roommate. He was invited to make himself comfortable, unpack and after settling in, would be asked to participate in services.

After three days, Ralph began to participate in a few of the groups, had not met with the psychiatrist and met with his case manager, once for 30–45 minutes. The case manager focused on Ralph's psychosocial, paying close attention to his childhood experiences. During the next week, Ralph met with his case manager who obtained an extensive psychiatric history, including his feelings about medication. When Ralph revealed that he had had quite a few negative experiences with psychiatrists, his case manager was very empathetic. Ralph felt he would be ready to meet the doctor within the next week. His case manager stated that a tentative appointment would be arranged the following week.

For the next two weeks, Ralph was observed enjoying time with other residents and appeared to be adjusting very well to the program. He participated in one additional recreational group, met with his case manager on a regular basis and planned to meet with the psychiatrist the following week. His case manager encouraged him to announce at the next community meeting how well he was adjusting to the program. Ralph, although nervous, agreed. He also reported that he never thought being in a program could be so positive.

TRAINER'S KEY: There are several areas the program described that do not create a culture of transition towards permanent housing:

1. The goal of the program, assisting residents move toward permanent housing, was not discussed with Ralph.
2. Staff did not emphasize that the program was transitional and all services provided were leading toward permanent housing.
3. Staff did not clearly define expectations the program had for Ralph or review the expectations Ralph had for the transitional staff:
 - Ralph was not given clear timeframes for his participation in any service provisions.
 - It appeared the staff members were focused on making Ralph comfortable more so than providing guidelines. Staff described ways the program improved conditions for tenant comfort. Staff did not explore how having friends and family nearby would impact Ralph's progress toward housing.
 - A thorough review of house rules, their purpose and consequences for violations did not take place.
 - A contract between Ralph and his worker, which would delineate roles and include a time frame for participation in activities to

obtain permanent housing, did not take place. Ralph put off meeting with the psychiatrist and he decided when he would do this.

4. Ralph was given a “single room” which would create a high comfort level, make it difficult for another person to move in and may not be therapeutically sound for an individual new to a transitional program.
5. By being encouraged to talk in the community meeting about his adjustment to the program, Ralph was rewarded for behavior unrelated to the housing process.

TRAINER NOTE: See ***HANDOUT #10: CREATING A CULTURE OF TRANSITION .***

DEFINE, COMMUNICATE AND REINFORCE THE GOAL OF OBTAINING HOUSING

- Begin this process during the intake process
- Every service, group, activity and intervention should promote the resident’s ability to obtain permanent housing

LET RESIDENTS KNOW WHAT THEY CAN EXPECT FROM THE TRANSITIONAL STAFF

- Allow residents to articulate their expectations from staff
- Clarify any discrepancies in expectations
- Develop a contract between worker and resident delineating who will do what and in what time frame
- Periodically review the contract and celebrate accomplishments met

MAKE PROGRAM EXPECTATIONS CLEAR TO ALL RESIDENTS UPON INTAKE

- If possible, have expectations as part of a written welcome guide (multi-language if necessary)
- Include program participation requirements
- Review time frames for completing activities or obtaining housing
- Communicate consequences for breaking rules
- Answer any questions new resident may have regarding expectations

BUILD A PROGRAMMATIC REWARD STRUCTURE FOR HOUSING PLACEMENT

- Host public celebrations for residents who are moving into a new home
- Present a “move-in package” gift

- Hold alumni reunions
- Have former residents return to speak to newer residents
- Publicly acknowledge achievements toward obtaining housing

LEARNING POINTS: Every service provided in transitional programs should promote the goal of obtaining permanent housing, and staff should actively highlight how services are related to that goal.

IV. ASSISTING RESIDENTS IN THE TRANSITION PROCESS

IV.A: AREAS OF ASSESSMENT FOR HOUSING PLACEMENT (20–35 minutes)

TRAINER NOTE: See ***HANDOUT #11: AREAS OF ASSESSMENT FOR HOUSING PLACEMENT.***

BRIEF LECTURE:

One of the most important steps in assisting residents in the transition process is to assess their independent living skills and identify the supports they may need in order to be accepted into housing and to meet the obligations of tenancy once accepted. It is important that this assessment process include the perspective of both the resident and worker. We'll be discussing later how to proceed when the worker and resident disagree about the assessment and about appropriate housing options.

You may be given some of this information when residents enter your transitional programs; other things you will need to find out as you get to know the resident better. This process of assessing a resident's housing readiness will go on over time and will require that you engage with the resident.

TRAINER NOTE: EXERCISE INSTRUCTIONS — Break trainees into groups so that each group has a few category headings below. List headings on flipchart. Instruct groups to discuss what types of things they would want to consider under each heading in order to assess what a person needs to be accepted into housing. Come back and write responses on flipchart and discuss findings.

APPLICANT PREFERENCES

- Number of roommates
- Cooking facilities
- Laundry/lines provided/clean own room
- Shared/own bathroom
- Location
- Curfews
- Visitor policy
- Pets
- Level of safety/security
- Sobriety
- Groups/day program

- Money management
- Mix of people in facility

PSYCHIATRIC FUNCTIONING

- Current mental status
- History of high-risk behaviors
- Treatment attitudes and understanding of illness
- History of hospitalizations
- Judgement, impulse control, memory and concentration
- History of treatment
- History and compliance of psychotropic medications

MEDICAL STATUS

- Unmanaged, undiagnosed or contagious illness
- How independent is applicant in obtaining medical help?
- Special Needs: e.g., diet, medication
- HIV Status
- Compliance with medication regimen
- Incontinence
- Ambulatory functioning

ACTIVITIES OF DAILY LIVING SKILLS

- Ability and motivation to improve skills
- Hygiene, housekeeping and cleaning one's living space
- Shopping, cooking and maintaining a proper diet
- Budgeting and prioritizing needs and activities
- Household knowledge and safety

COMMUNITY LIVING SKILLS

- Communicating or interacting in public
- Accessing other systems/keeping appointments
- Traveling, banking, using the post office, library and other community services
- Discriminating danger/asserting and protecting oneself

MOTIVATION TO OBTAIN HOUSING

- Applicant's current living situation
- Feelings and fears that affect motivation
- Attitude and behavior toward and throughout the placement process

SUBSTANCE USE/ABUSE

- Signs and symptoms of current use
- Consequences of use
- History of use
- History of treatment
- Applicant's assessment of the impact of substance use on his/her life

ENTITLEMENTS

- Current Status
- History regarding problems with entitlements
- Barriers to obtaining entitlements

SOCIAL SKILLS AND NEEDS

- Need or desire for interaction with family, friends and partners
- Privacy Needs
- Level of comfort in groups, both formal and informal
- Does the applicant's belief system or behavior affect social functioning?

HOUSING HISTORY AND PATTERNS

- Causes of homelessness
- Long-term institutionalization (e.g., hospital, shelter)
- Unserviced housing
- Serviced or supportive housing
- Family or significant others

TRAINER NOTE: See ***HANDOUT #12: HOUSING PREFERENCE QUESTIONS FOR RESIDENTS.***

TRAINER STATES: Exploring the resident's housing preferences sends the message that the decision-making process is mutual and not a directive from the worker. It also provides valuable information to the worker about the resident's expectations. We must not underestimate the importance of hope and its impact in supporting residents' ability to achieve the goal of accessing housing. Studies have shown that many residents who have succeeded in securing and maintaining housing point out that someone believed in them even if they had given up believing in themselves.

LEARNING POINTS: The worker's assessment of the resident is crucial in making a good match to housing. We try to understand areas where the person needs help in order to be accepted into housing, as well as areas that will need intermittent or ongoing assistance after moving. We must understand our residents' goals and housing preferences and help them build the skills needed to reach those goals. If we disagree about housing options, we remain professional and try not to persuade the resident of how right or wrong choices are. Instead, we open up a discussion of what they want and need in terms of housing.

IV.B: BUILDING SKILLS NEEDED FOR MAINTAINING HOUSING (15 minutes)

TRAINER NOTE: See *HANDOUT #13: HOUSING SKILLS AND SUPPORTS CHECKLIST*.

TRAINER STATES: Having identified the skills or resources a resident may need to access or maintain housing, the transitional program will usually provide the residents with the opportunity to build and practice these skills and obtain additional resources. This can be done in groups and individually.

TRAINER NOTE: Use flipchart to list the following 12 skills. Ask the group to come up with ideas for providing residents with the opportunity to build and practice each skill, discuss which skills might benefit from group discussion or practice and think about specific areas to focus on under each skill topic. Trainer can begin by using Money Management as an example, and state: "We would want to prepare our residents for paying rent and this might be done through a budgeting group, referrals to employment or vocational counselors and discussions about working with a case manager to secure entitlements. Discussions about an individual's history of money management or rent payment are best held in a private setting."

- **MONEY MANAGEMENT SKILLS AND ABILITY TO PAY RENT** — Keep up with entitlement, benefits paperwork, cash checks, teach budgeting skills and plan ahead to ensure adequate funds available.
- **PERSONAL HYGIENE SKILLS** — Bathing, washing clothes, buying and using toiletries, dressing appropriate to weather, clarifying expectations and helping residents meet them, offer haircutting and hairstyling groups, manicures and other ADL skills.
- **TRAVEL SKILLS** — Use of public transportation, following directions, exploring the area prior to moving whenever possible and developing transportation routes, the best markets, safest areas to walk, and accessing special transportation for any disabilities resident may have.
- **SOCIAL SKILLS AND SUPPORTS** — Sensitivity to and respect for the needs and rights of others, conflict-management skills and ability to maintain positive relationships. Discuss the expected tenancy in the new housing and educate residents about some of the behaviors people may exhibit. Talk about ways to get to know people, what it takes to be a good neighbor, how to be sensitive to others needs, and offer sober alternatives for socialization.

- **AWARENESS OF SERVICE NEEDS AND ABILITY TO SEEK AND ACCEPT HELP** — This area is best discussed individually and not in a group setting. Discussing the resident's history of relapse or decompensation and signs that indicate a need to seek assistance before a crisis develops.
- **COMMUNICATION SKILLS** — Teaching communication, listening and mediation skills, ensure ability to make needs known and ask for clarification when not clear about what others have said.
- **ABILITY TO MANAGE HEALTH AND PSYCHIATRIC CARE** — Making and keeping appointments, manage Medicaid or health insurance paperwork requirements, taking medication as prescribed, advocating and communicating with doctors.
- **SHOPPING AND COOKING SKILLS** — Ability to obtain meals by buying and cooking food, storing food properly, preparing economical meals and ensuring proper nutrition.
- **HOUSEKEEPING SKILLS** — Ability to clean space, wash sheets, remove garbage regularly, keep out mice and insects, removing excess clutter, maintaining plumbing [i.e., removing hairs from drain, keeping large items out of toilet].
- **AWARENESS OF SUBSTANCE USE, RELAPSE PATTERNS AND CONSEQUENCES OF USE** — Help identify disruptive behavior, possible deteriorated health, explore ability/inability to work, relapse triggers, support network and use of leisure time.
- **ABILITY TO FOLLOW HOUSE RULES AND MEET OBLIGATIONS OF TENANCY** — Resolving conflicts in a healthy manner, refraining from violence, wearing appropriate clothing in common spaces, keeping noise down during hours of sleep, participating in community meetings.
- **ABILITY TO PURSUE SELF-IDENTIFIED GOALS** — Planning, prioritizing and accessing needed resources, problem-solving and negotiation skills.

LEARNING POINTS: These skills are necessary, to different degrees depending upon the housing model, for living in the community. Transitional providers can use the skills checklist as part of their assessment process with residents and also give the list to residents to clarify independent living skills and areas needing assistance or improvement.

IV.C: DEVELOPING AN INDIVIDUALIZED HOUSING PLAN

TRAINER STATES: Most transitional housing programs develop an individualized housing plan with each resident. As the relationship between the worker and resident continues to build, more information will be available to assist with the transition. Because each plan will be distinct and tailored to the resident's needs, it is important that one-on-one work occur between the resident and worker to continually assess the housing plan and make adjustments accordingly.

The housing plan provides a framework for the housing referral process and a means by which to measure progress toward goals. Plans should be regularly reviewed to measure progress. Goal setting is a fluid process and setbacks are to be expected. Be prepared to change goals and/or the steps to reaching them.

IV.C-1: GOAL SETTING (15 minutes)

TRAINER NOTE: See ***HANDOUT #14: GOAL SETTING WORKSHEET; HANDOUT #15: THE PROCESS OF GOAL SETTING*** and ***HANDOUT #16: CHARACTERISTICS OF THE HOUSING NEGOTIATION PROCESS.***

TRAINER ELICITS: AT TIMES, PERSONS WE WORK WITH COME UP WITH GOALS WE FEEL ARE UNREALISTIC, AND WE HAVE OTHER GOALS FOR THEM. WHAT ARE SOME OF THE GOALS WE USUALLY HAVE FOR PEOPLE? [Expected responses include:]

- Get sober
- Stabilize psychosis
- Enroll in a day program
- Address medical problems
- Take psychiatric medications
- Learn to socialize
- Improve hygiene

TRAINER ELICITS: HOW DO YOU THINK IT WOULD FEEL TO BE TOLD YOUR GOALS ARE UNREALISTIC OR TO HAVE SOMEONE ELSE'S GOALS IMPOSED ON YOU? [Expected responses include:]

- Invalidated
- Not trusted
- Incompetent

- Misunderstood
- Angry

TRAINER NOTE: GOAL EXERCISE INSTRUCTIONS: Break trainees into pairs. One person is the Worker, the other, the Resident. The Resident should take five minutes to talk to the Worker about a personal goal. If possible, it should be a real goal of the person playing the role. The Worker should try to convince the Resident that the goal is not realistic and unacceptable and that in their own best interest they should focus on this other goal (set by the Worker). The Worker should offer to help the Resident meet the goal set for them. Process how this felt for the Worker as well as for the Resident. If time allows, switch roles. Process how the resident feels as a result of this process.

LEARNING POINT: It is frustrating and curtails motivation when a resident's goals are not taken seriously.

IV.C-2: THE NEGOTIATION PROCESS (20–35 minutes)

TRAINER STATES: How can we be supportive to residents and assist them in meeting their goals without joining in with unrealistic plans that we think are likely to result in failure or further loss? Let's take the example of an elderly, mentally ill woman who never finished high school. She tells you, her caseworker, she wants to become a lawyer and buy her own house in an upscale neighborhood. Imagine that you have found her the "perfect" supportive housing opportunity, but she refuses to move. How could you continue working with her and being supportive without giving her false hopes? We would try to understand the meaning of her goal.

TRAINER ELICITS: WHAT ARE SOME OF THE ISSUES WE MAY WANT TO EXPLORE TO BETTER UNDERSTAND WHAT THIS GOAL MEANS TO HER? [Expected responses include:]

- What does she find attractive about becoming a lawyer?
- Does she have a role model who is a lawyer?
- What does it mean to be a lawyer? [money, respect, status, accomplishment?]
- Does she want to work in an office environment?
- Has she ever owned a home? [explore possible feelings of loss]
- What does owning a home represent to her?

BRIEF LECTURE:

It is important to clarify aspects of the job that appeal to her so that we can look for opportunities to duplicate these aspects in a goal that might be more attainable. We would do the same for her housing choice. Would she consider other options?

We can remain supportive while honestly educating her about what law school involves. This would include the costs, the tests necessary for acceptance into a program, the difficulty of the program and the time it takes to secure a degree. We can similarly educate her about housing costs, down payments and credit checks. We can acknowledge that everyone's goals are personal and unique as is their path toward reaching them. Likewise, everyone will face different obstacles along the road to reaching their goals and part of our job is to point out what these obstacles might be. Nothing has to be final. This can be a step toward greater independence. By understanding the underlying feelings she has, some of these needs may be minimized.

TRAINER ELICITS: HOW CAN WE LET HER KNOW WE HEAR HER AND THAT WE ARE REALLY LISTENING? [Expected responses include:]

- We can reflect back what we hear to clarify and check our understanding. We do not want to assume anything.
- Empathize with any feelings about goal setting or past unmet goals. People with a mental illness have often had to seriously re-adjust their goals, and the realization of where "I am" as compared with where "I should be" or "thought I'd be" can be overwhelming.
- Help her establish and prioritize long- and short-term goals. Perhaps law school will remain a long-term goal, but we might point out that in our transitional setting, moving people into permanent housing in [XX] amount of time is our job. What are some steps she can take toward this goal? Often the steps necessary to achieve a resident's self-expressed goal are the same as what the worker set for goals. Finding these common grounds can be the foundation to developing a positive helping relationship.

TRAINER ELICITS: WHAT MIGHT SOME OF THE STEPS LEADING TOWARD HER GOAL? [Expected responses include:]

- Getting a GED
- Volunteer to work in a law office or other office to develop skills
- Researching law schools to find out about cost and entrance requirements
- Managing any psychiatric symptoms — buy in might be related to law school, this is likely to involve seeing a psychiatrist and complying with treatment

- Joining a budgeting group, researching interim jobs that might help build her skills, test the waters and work toward saving some money
- Living in a supportive residence will give her an opportunity to strengthen her support network while working on her education

BRIEF LECTURE:

We can share with the resident our experience having worked with others. Let the person know what we have seen work and not work for other people. Discuss the energy requirements involved in securing permanent housing and combining that with simultaneously seeking a major career change. The stress is significant. This could cause psychiatric symptoms to increase. We would stress that our role is to help her succeed in meeting her goals and in securing safe, permanent housing, and we have experience in helping others do just this.

We can reinforce and celebrate achievements along the path toward reaching goals.

The goal setting worksheet (handout #14) can be used by residents and workers as a guide or contract, detailing the steps to reaching goals and who will be responsible for what. Note that barriers toward goals become a step in the process.

WORKER/RESIDENT DISAGREEMENT ABOUT BEST HOUSING CHOICE

Often, a resident will want a housing option that is different than the one you think is best for him. Some of the steps in this type of negotiation process might be to:

- Explore person's housing preference (and its underlying meaning)
- Convey your interest in the person
- Have open discussions about what you both think
- Be honest with the person about what we disagree with
- Make sure person is educated about the housing options
- Remain connected to the person despite negative reactions to what you say
- Provide as much choice as possible and avoid power struggles
- Link your suggestions to person's aspirations
- Reflect on what has helped the person in your program (i.e., "You seek out workers when you are upset. I'd like you to have that option in permanent housing.")
- Link the person with others who have been successful in the option you recommend

- Agree to help person pursue his option if he agrees to improve the areas that you feel need improvement in order for him to succeed in that type of housing

LEARNING POINTS: It isn't usually helpful to tell residents that their goals are unrealistic. Goals are our vision for what we'd like to achieve and our role is to help people break their goals down into realistic steps and to provide services to assist in attaining those goals. Even if they never reach that goal, the path toward it can be an enriching experience filled with opportunities for learning. Goal setting is a process of mutuality, and workers must resist the temptation to impose goals on residents.

IV. D: HOUSING REFERRAL (15 minutes)

TRAINER STATES: Miscommunication between a worker and resident over housing needs occurs frequently. It is not uncommon for residents unfamiliar with the process of accessing housing to refuse to consider any option other than an independent apartment. This kind of preference should be explored to better understand its meaning. Ask the resident to articulate what they want in their housing. For example, someone who states he wants his own apartment may mean he wants a door that locks so he can have some privacy. For someone else it may mean having her own kitchen and bathroom in addition to a private bedroom. By exploring the meaning, the worker can determine how best to assist the resident in finding reasonable housing options. Many people living in transitional settings have suffered a number of losses and we as workers should give careful consideration before making a housing referral so that we do not set anyone up to fail.

IV.D-1: EDUCATING RESIDENTS ABOUT HOUSING OPTIONS (15 minutes)

TRAINER STATES: Central to the process of assisting residents in the transition to permanent housing is providing information about the various options, what they can expect in these settings and what it takes to be accepted into different types of residences. This education process might be done individually, in groups or both.

TRAINER ELICITS: WHAT DO YOU THINK MIGHT BE SOME ADVANTAGES TO HAVING A REGULAR HOUSING GROUP? [Expected responses include:]

- Provides an opportunity to engage all residents in a discussion about housing
- Makes for a better use of time when inviting housing representatives who present on various housing models
- Creates an opportunity for residents to motivate and educate each other
- Provides natural peer supports
- People might be able to move into a building with other people they've met in a housing group

TRAINER ELICITS: What are some agenda options for a housing group? [Expected responses include:]

- Presentations on housing options including services offered, house rules, level of supervision, expectations of residents
- Pictures of housing options
- Tours of housing options
- Budgeting groups to help plan/save for needed furniture and household items

- Successful transitioned tenants coming back to present to residents
- Preparation and practice for the housing interview

TRAINER STATES: Because some residents are not comfortable in groups, we also want to offer some of this work individually. Staff must possess adequate time and skills to establish linkages with the range of housing providers available in the community. Depending on the area, there may be many options to choose from, or staff may need to be creative in developing alternatives, such as relationships with for-profit landlords and/or developing their own supportive housing to meet the needs of their residents.

When running a housing group, a goal might be that all residents will become aware of the steps needed to obtain housing. The assistance they can expect from the staff and what is expected of them must be clearly articulated. This includes deciding on a housing option that is appropriate, overcoming barriers to getting and keeping housing, making the physical move, linking with services in the new neighborhood and arranging for follow-up services from the referring agency.

IV.D-2: PREPARING FOR THE HOUSING INTERVIEW (25–35 minutes)**TRAINER NOTE:** See *HANDOUT #17: INTERVIEW QUESTIONS*.**BRIEF LECTURE:**

In order to reduce anxiety about the housing interview, it is helpful to prepare applicants as much as possible. Depending on the needs of the individual, this might take the form of mock interviews or giving applicants a list of the typical types of questions they might be asked. Some people will want to practice the interview while others might feel comfortable just being briefed about what to expect from the interview. The main thing we want to avoid is having residents feel surprised and unprepared for their interview. Knowing what to expect can help ease anxiety.

Many interviewers will ask questions (i.e., mental health history, substance abuse history) to determine whether the special needs of a potential tenant have impacted their ability to maintain their housing in the past and if those needs are being addressed to avoid repeating that history. Additionally, many providers want to explore the specific needs of a potential tenant to ensure that their program can offer the support the tenant may need. The worker wants to help people to be as prepared as possible for the questions that may be asked in a housing interview. We'll now briefly review the types of questions residents may potentially be asked during a housing interview. (For information on legal issues related to housing acceptance, trainees are referred to "Between the Lines: A Question and Answer Guide on Legal Issues in Supportive Housing-National Edition." This guide is available at CSH.org.)

TRAINER NOTE: EXERCISE INSTRUCTIONS: Divide participants into four groups and give each group two of the category headings below. Ask the group to come up with questions for each heading. The trainer can use Housing History as an example, giving trainees the questions listed below. After ten minutes, ask each group to record responses on flipchart and discuss as a large group.

HOUSING HISTORY

- Where was the last place you lived?
- What precipitated the current episode of homelessness/need for housing?
- Is there a pattern and can the applicant identify it as such?
- Were you responsible for rent?
- Were you ever evicted?
- What past housing situations worked well/didn't work for you?

- What was it about these situations that helped/hindered your ability to remain housed?

FINANCES

- What is your source of income? Amount?
- Do you cash your own checks?
- Do you or have you had a representative payee?
- Explain any past problems paying rent
- Do you usually have enough money to last through the month? If not, when do you typically run out?
- Do you want/would you accept assistance budgeting your money?
- Has anyone ever suggested this might be helpful to you?

MEDICAL/PSYCHIATRIC HISTORY

- Do you have any medical conditions?
- History of any problems?
- Are you seeing a doctor?
- Taking medications?
- Do you have any difficulties sleeping?
- If yes, what does it do for you (positive and negative)?
- Does anyone remind you to keep appointments or take meds?
- Do you need/are you willing to accept assistance managing your meds?
- Are you seeing a psychiatrist?
- Have you in the past?

HISTORY OF VIOLENCE/CRIMINAL ACTIVITY

- Have you ever needed assistance because of thoughts or attempt at hurting yourself or others?
- What were the circumstances?
- How did it impact your life?
- Have you ever been arrested?
- How much time have you spent in prison?

SUPPORT NETWORK/LEISURE ACTIVITIES

- Do you have contact with friends or family? How often?

- What do you do during the day?
- Are there things you'd like to do that we could help with?
- Mention groups or activities in the building and get ideas of areas of interest

EDUCATION/EMPLOYMENT

- What is the highest grade attended?
- What are your educational/vocational goals?
- Would you like assistance in this area?
- What are your job skills?
- Mention any GED classes, scholarship programs, etc. associated with the program

ADL SKILLS

- How do you keep your personal space?
- Do you cook for yourself? Typical menu? Do you enjoy cooking?
- How often do you shower?
- Are you comfortable shopping for yourself?
- Can you carry bags/manage transportation/walk?

COMMUNITY LIVING SKILLS

- What would you do if a neighbor played his/her music loudly at night?
- Would you be interested in attending tenant meetings in order to have input into decisions made about this community?
- How do you feel about living around people with (describe population in the building and any special needs, such as mental illness, HIV/AIDS, etc.)

SUBSTANCE USE

- How much do you drink or use other substances?
- What is the impact of using on your behavior?
- Have you ever lost your housing because of drug or alcohol use?
- What supports do you need in order to stay housed?

BRIEF LECTURE: Housing providers generally want to know four things about their potential residents: 1) will they pay their rent; 2) can we meet their service needs; 3) will they fit into our housing community and make a good neighbor; and 4) is this person being honest with me or are they hiding something. Interview preparation can

help applicants feel confident about their ability to secure safe, affordable housing. Interviewing can be a stressful process for most individuals. The better we can prepare residents for interviews, the greater ease they will feel when they do actually interview. This form of support is extremely important in the transition process. Again, what is legal to ask will differ based on the type of housing model the person is applying to.

LEARNING POINTS: Preparing residents for interviews is paramount in the placement of transitional individuals into permanent housing. The better prepared someone is, the greater chance of a more successful transition. Transitional program staff should be aware of Fair Housing laws and know which type of questions a potential housing placement is allowed to ask.

IV.E: MANAGING FEELINGS ABOUT THE MOVE (20–35 minutes)

TRAINER STATES: Part of our job includes helping residents manage feelings and handle the stress of the transition into permanent housing. For many, the transitional setting has been the safest environment they have had in a long time. Leaving this setting can bring up many feelings.

TRAINER ELICITS: WHAT ARE SOME OF THE FEELINGS RESIDENTS ARE LIKELY TO EXPERIENCE WHEN MOVING TO PERMANENT HOUSING? [Expected responses include:]

- Anxious about the change
- Angry or sad about leaving the known setting and staff
- Worried about failing
- Frustrated that it is not exactly how they planned it would be
- Elated about obtaining their own place

TRAINER STATES: Many people will experience all of the above emotions at different points in the transition process. It is our job to help residents talk about their grief over leaving staff, friends or the community to which they have become attached and their fears about moving from a setting that felt safe to an unknown setting where everything is new.

TRAINER ELICITS: WHAT ARE SOME AREAS WHERE STAFF WOULD FOCUS THEIR ATTENTION TO SUPPORT RESIDENTS WHO ARE DEALING WITH THE COMPLEX EMOTIONS ASSOCIATED WITH MOVE-RELATED CHANGES? [Expected responses include:]

- Transitional staff should be alert to the process of termination and anticipate negative feelings, such as anger or sadness about moving on.
- Elicit and help residents talk about their feelings related to leaving workers, friends, familiar routines and the community to which they have become attached.
- Provide a safe place to discuss fears about moving to an unknown setting where everyone and everything is new.
- The stressors of transitioning into permanent housing can sometimes precipitate relapse or decompensation and we should prepare residents for this possibility and strategize to avoid triggers (people, places, things associated with substance use).

- Assist and encourage residents to get involved in activities outside the transitional setting so they feel less dependent upon the setting.
- Normalize and help residents manage potential (or actual) rejection from a residence. Discuss reasons for rejection and use information to prepare for future interviews.
- Anticipate the potential for a resident sabotaging an interview or the process of securing permanent housing.

TRAINER STATES: For some people, the real stress comes after moving into their new permanent housing. Transitional programs have developed a variety of ways to follow-up and support residents who have moved out. Follow-up differs for programs depending on available staff and where people move. It can be an informal process where residents can visit the transitional program for support as needed or a staff person may visit residents in their new housing on a regular basis for a period of time after they move.

TRAINER ELICITS: WHAT ARE SOME WAYS A TRANSITIONAL PROGRAM CAN SUPPORT A FORMER RESIDENT WHO HAS TRANSITIONED INTO PERMANENT HOUSING? [Expected responses include:]

- Monthly or Quarterly alumni groups
- Graduates return to speak to residents
- Provide a period of contact with former residents and monitor adjustment
- Bridge the resident's relationship with staff in new housing

LEARNING POINTS: The successful placement of residents from the transitional to the permanent housing setting requires that the program provide support to residents through the vulnerable transition period. Stress-management groups and other strategies to help residents manage anxiety about change and moving on need to be provided. The worker also needs to be alert to the process of termination and anticipate and deal with negative feelings in the face of change. Residents can feel more secure if they know they will continue to have contact with their worker for a period of time after the move.

V.A: IDENTIFYING OBSTACLES TO PERMANENT PLACEMENT (15 minutes)

TRAINER NOTE: Write the category headings “Systemic Barriers to Housing,” “Personal Barriers to Housing” and “Problems in the Worker/Resident Relationship” on flipchart and ask participants to give examples of each. See **HANDOUT #18: OBSTACLES IN THE TRANSITION TO PERMANENT HOUSING**. Then go back and discuss ways of overcoming each individual obstacle, except the systemic obstacles, which we agree take more of a long-term, advocacy approach.

TRAINER STATES: The process to transition someone from your program into permanent housing is a difficult one compounded by a variety of obstacles. Let’s take a minute to look at some of these obstacles.

TRAINER ELICITS: WE’LL START BY EXPLORING SYSTEMIC OBSTACLES. WHAT DO YOU THINK I MEAN BY THAT? [Expected responses include:]

- Lack of safe, decent, affordable housing
- Landlord prejudice — based on race, culture or special needs
- Lack of sufficient income resulting from inability to get a job or entitlements due to immigration status or special needs.

TRAINER STATES: We all know the importance of advocacy on behalf of our residents, but we are often too overwhelmed with helping individuals to have much time or energy left over to advocate for systemic changes that would improve the lives of low income people. These obstacles are most effectively addressed through sustained pressure from staff, residents and the government representatives who have the power to fund housing development and change policy. Agencies can band together to form coalitions and provider groups to increase the strength of their voice.

TRAINER ELICITS: WHAT ARE SOME PERSONAL BARRIERS RESIDENTS MAY HAVE THAT CAN GET IN THE WAY OF FINDING PERMANENT HOUSING? [Expected responses include:]

- Mental illness
- Substance abuse
- MICA
- Poor credit history
- Criminal history
- Age 18–25
- Illegal immigrant status

- Medical problems
- Budgeting problems
- Anxiety over change

TRAINER STATES: Our role is to assist our residents in gaining the skills necessary for securing and maintaining housing. We can provide education about any patterns or behaviors that are negatively influencing their ability to reach their goals, and we can offer non-judgmental assistance for dealing with those behaviors.

TRAINER ELICITS: LASTLY, WHAT MIGHT BE SOME BARRIERS INVOLVING PROBLEMS IN THE WORKER/RESIDENT RELATIONSHIP? [Expected responses includes:]

- Residents' lack of trust of the worker or program
- Miscommunication over housing needs and preferences
- Resident difficulty in transitioning to permanent housing and terminating with worker — "shelterization"
- Worker pushing his/her own agenda

TRAINER STATES: Staff must explore and understand the housing preferences of residents while remaining aware that it takes time and trust, or an engagement process, in order for residents to feel comfortable sharing personal information. Staff should make consistent outreach efforts to residents while allowing the resident to have input into the content and duration of contacts.

LEARNING POINT: Importance of recognizing potential obstacles that can assist the worker in the helping relationship. These obstacles can be systemic, personal and part of the worker/resident relationship.

V.B: STRATEGIES FOR OVERCOMING OBSTACLES (15–25 minutes)

BRIEF LECTURE: We won't go into depth about specific strategies for all the obstacles we listed, but will give an overview. More details will emerge in a moment when we review some case examples. We have already discussed some, such as budgeting problems, anxiety over change and the importance of clarifying housing preferences.

- **MENTAL ILLNESS** — A goal in transitional settings is to stabilize psychiatric symptoms. It is beneficial to continue services in the same clinic after moving, whenever possible, to provide a sense of continuity and support. Disorganization often accompanies mental illness and we can help establish systems for helping residents to take medications, make it to appointments, etc. Repeated, predictable patterns of interaction are key to developing a sense of trust and understanding when working with residents who have a mental illness. We want to de-stigmatize and normalize any psychiatric diagnosis and take steps to build compliance with treatment. We may act as a liaison between the doctor and resident by accompanying them to the clinic and encouraging them to talk with the doctor about the negative and positive aspects of treatment. We can identify positive reactions and responses to psychiatric medications and help link treatment to housing goals.
- **SUBSTANCE ABUSE** — In most transitional settings, staff work with residents toward sobriety and assist in dealing with episodes of relapse. This topic could be a whole training in itself, and we will not have time to go into detail today. Instead, we'll focus on how we can deal with some of the common behaviors exhibited by substance users. Many people abusing substances can experience mood swings and exhibit anger or participate in criminal activity. We want to point out to residents how these behaviors interfere with their ability to get or keep housing, working toward changing the behaviors, rather than getting into a power struggle over a diagnosis such as "alcoholic" or "drug abuser." We can work to engage the resident in a trusting relationship where it is o.k. to talk about drug and alcohol use. If we become angry or disappointed when residents relapse or use substances, it is unlikely they will feel comfortable discussing such use with us. We must instead remain non-judgmental and maintain an open and honest dialogue about the substance use and its impact on the residents' life and ability to obtain and remain housed.
- **SHELTERIZATION** — When we see that a resident has adapted to the routine in the transitional setting and is able to function well within it, our tendency is to view this as evidence of their strengths. Sometimes, without realizing it, we actually foster their dependency on the program and fail to see that a

problem has developed, and we need to organize service planning around it. Often, a shelterized resident will not verbalize his/her desire to stay in the setting, realizing that the expectation is that they move on. Instead, they go along with the workers' plans up until a point, and then may sabotage placement attempts. We want to share our concerns once we suspect what is motivating such residents and open a dialogue about moving on. We also want to stress our mandate to move people into permanent housing. The key is to investigate the secondary gains associated with the current circumstances.

LEARNING POINTS: The skills and knowledge needed to deal with these barriers to placement are clinical in nature. If a resident is in denial about a problem that is blocking the placement process, it takes clinical skills to work through the denial. Whether this is through the building of a trusting relationship, reality testing or assisting residents in building self-esteem. Staff should receive training and practice opportunities to develop these important skills.

V.C: CASE EXAMPLES (25–35 minutes)

TRAINER NOTE: See **HANDOUT #19: THE TRANSITION TO PERMANENT HOUSING: CASE EXAMPLES**. Break into groups and give one case to each group.

WHAT ARE THE ISSUES? HOW SHOULD YOU HANDLE THE SITUATION? WHO IS RESPONSIBLE FOR WHAT (WHAT STAFF SHOULD DO)?

1. Tom, a substance abuser in recovery for the past two years, has always been extremely motivated to move into his own place. For the past six months, he's been living in the transitional housing program and has been the model resident, leading groups and orienting incoming residents. He was thrilled to be accepted into a beautiful, newly renovated residence and is scheduled to move this month. Lately, he has been rude to staff, gotten into arguments with residents and exhibited negative behaviors the staff never saw from him before. A resident told staff she thought she saw him hanging out with the neighborhood drug runners. He refuses to discuss his erratic behavior.

TRAINER KEY: Issues to address include possible "shelterization" and fear of leaving the safe, known environment. Would want to assess possible relapse and provide additional support through transition period. Work toward opening a dialogue about feelings related to the move. Would not be helpful to accuse him or force him to admit use. Ask him what is going on.

2. Sue, who has a mental illness, is doing her best to comply with the shelter staff and takes steps toward getting her own housing. However, she periodically disappears and returns several weeks later. It's never clear where she's been, but she returns disheveled and off her psychotropic medications. This is the third time it has happened in the past year, and some staff of the shelter don't think she should be given another chance. Her level of motivation for housing is unclear, but she consistently says she does not want to live in a highly structured setting "like a hospital."

TRAINER KEY: Link her housing choice with her behavior and point out that it's unlikely she'd be accepted in a less structured setting due to her inconsistency. Open dialogue about her goals and how her behavior is interfering with her ability to reach them. Refer to negotiation steps discussed in training. Consider a contract, specifying what the worker and Sue will each do to help her secure housing. The contract could include consequences for either party not holding up their end of the agreement.

3. The shelter where Ellen is staying has an eight-month time limit. Both the staff and Ellen feel she is prepared for permanent housing and ready to meet all the obligations of tenancy. She has been rejected from four residences because she “lacks insight into her mental illness.” Ellen refuses to accept that she has a chronic mental illness but has consistently taken psychotropic medications for the past year because she says it helps her sleep. She becomes angry in interviews when asked to discuss her visits to the psychiatrist.

TRAINER KEY: The shelter is responsible for establishing contacts and developing relationships with housing providers. It is important to educate these providers about the referrals and to advocate on their behalf, as necessary. In this case, what are the behaviors that are interfering with her ability to get housing? If her lack of insight refers to the fact that she does not identify herself as mentally ill, how does this impact her ability to get and keep housing? If she has consistently complied with psychiatric treatment, why does it matter whether or not she agrees to a diagnosis? The shelter staff can prepare her as well as the interviewer for dealing with the question of her psychiatric history. Perhaps she would be comfortable talking about it in terms of an anxiety or sleeping problem. The emphasis should be put upon her behavior and taken away from her willingness to agree to a label.

4. Mel, a low income working man, is not interested in any of the housing options he's been shown. He calls them cheap dumps for the crazies. “I want a nice house of my own with a garden. I'm holding out for what I deserve.”

TRAINER KEY: Help educate Mel about available housing options and realistically identify his housing and service needs. Explore the meaning of “a nice house of my own with a garden.” What exactly does that choice mean? A private apartment with his own bathroom and cooking area? Would a shared garden be acceptable? Staff would also want to talk about the types of people who live in affordable residences and be honest if people with special needs might be living there. Find out why Mel mentioned “the crazies.” Has he had a bad experience living near a mentally ill person or a substance abuser in the past? We could also talk about being a good neighbor and how to handle various conflict situations that might arise in any living community.

5. Will moved into his own place a couple of months ago after getting a job. He has spent years working on his sobriety. Everything was great for the first few weeks and then he started oversleeping, getting to work late and feeling like he didn't have the energy to do much of anything.

TRAINER KEY: Assess possibility of relapse and open a dialogue about how he's feeling about the transition into his own place. Perhaps he is experiencing loneliness. Without judging, offer support. Ask if Will would like to return to a substance group at the transitional residence or if the worker can call him each morning for the next couple of weeks. If he has relapsed, remind him this is normal and does not indicate a complete setback. Work toward getting back to work on time so that he doesn't lose his job. Make linkages with the staff in the permanent housing so that everyone is giving Will the same message of support.

6. Tina was released from prison last year and has not done well on any of her housing interviews. She cursed at one interviewer who asked about her ability to pay rent and intimidated another saying, "One way or another I always get what I want, and I want to live here." The shelter staff feel she is ready to move and don't take her threats seriously.

TRAINER KEY: When working with people reintegrating into the community outside of prison, it is important to be sensitive to authority-related issues and to assist consumers in getting the respect they deserve without their needing to resort to threats or intimidation tactics. Staff can help consumers dress for success, practice using language that is respectful and highlight strengths and qualities that make the person pleasant to be around.

VI: CONCLUSION (10–20 minutes)

TRAINER NOTE: Bring closure to the training by reviewing the highlights of the day. Ask for questions and comments about the content.

BRIEF LECTURE:

Let's review some of what we learned today.

- The staff in transitional residences must work to develop trusting relationships with their residents if they are to match them to successful housing options.
- It takes time for people to share personal information, and this time may be extended for people with special needs or for those who have had negative experiences with service providers in the past. There is no shortcut for this engagement process, and we as staff must look for opportunities to learn about residents' interests and goals.
- We want to take time to explore the individual housing preference.
- Housing focused on transition should be designed so that it supports residents' ability to achieve the goal of accessing housing.
- A clean, safe, well-designed residence can provide a powerful incentive to seek permanent housing. Living in such a setting can raise some residents' expectations for what is possible in permanent housing.

TRAINER ELICITS: WHAT WERE SOME OF THE MAIN POINTS WE DISCUSSED REGARDING ASSISTING RESIDENTS IN THE TRANSITION PROCESS? [Expected responses include:]

- Assess areas for housing placement.
- Build skills needed to maintain housing
- Develop an individualized housing plan
- Manage feelings about moving
- Address obstacles by identifying them and strategize how to overcome them

LEARNING POINT: Trainer will review significant points of the training and clarify any remaining questions.

